

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4782

| | | | | | | | | | | | |
|--|--|--|--|---|--|---|--|--|--|----------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. | | 438 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>499</u> | | | | | | | |
| b. CITY OR TOWN <u>Kansas City, Mo.</u> c. LENGTH OF STAY (in this place) <u>1-30-49</u> | | | | c. CITY OR TOWN <u>Hutchinson</u> | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroah Hospital</u> | | | | 4. STREET ADDRESS (If rural, give location) <u>524 E. 4th St.</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Berry</u> b. (Middle) <u>Blair</u> c. (Last) <u>Blair</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1949</u> | | | | | | | |
| 5. SEX <u>M. D.</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED, WIDOWED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Aug 29 1880</u> | | 9. AGE (in years last birthday) <u>68</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record 12C Mo</u> ADDRESS | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epithelioma</u> ANTECEDENT CAUSES <u>skin</u> DUE TO (b) <u>Carcinoma of neck</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>191X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of neck.</u> | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>12-30-1948</u> to <u>1-30-1949</u> , that I last saw the deceased alive on <u>1-30-1949</u> , and that death occurred at <u>11:35 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE D. O. J. <u>O. J. Prutz, M. D.</u> (Degree or title) | | | | 23b. ADDRESS <u>1103 Grand</u> | | 23c. DATE SIGNED <u>1-30-49</u> | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>1-31-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hutchinson Kansas</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hutchinson Kansas</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>1-31-49</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Helton</u> ADDRESS <u>12C Kansas</u> | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W. J. Swisher

Signed _____

Student Embalmer

Licensed Embalmer No. 3505

P. O. Address A. C. Wanser

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.